



Elkhart Area Site

Bayer Corporation
1884 Miles Avenue
P.O. Box 40
Elkhart, IN 46515-0040

15992 U.S. PTO
010204

December 16, 2003

Hon. Commissioner of Patents
& Trademarks
Box: Patent Application
Washington, DC 20231

PATENT

17548 U.S. PTO
010204

RE: Application for U.S. Letters Patent covering the
Invention of: Andrew J. Dosmann and Frank W. Wogoman

Entitled: MOLDED LOW VOLUME WAVEGUIDED OPTICAL FORMAT

Docket No.: MSE #2652

Sir:

Transmitted herewith for filing is an application for U.S. Letters Patent above identified. This application includes the following:

- 14 Pages of specification, including claims and abstract
- 2 Sheets of drawing (in triplicate)
- An assignment of the invention to Bayer Healthcare LLC (and cover sheet)
- A certified copy of a _____ application
- Declaration, power of attorney and petition
- Information disclosure statement

CLAIMS AS FILED

Independent Claims TOTAL (A) 4

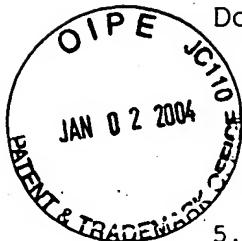
Dependent Claims

Dependent on one claim	<u>16</u>	x	<u>1</u>	=	<u>16</u>
Dependent on two claims		x	<u>2</u>	=	
Dependent on three claims		x	<u>3</u>	=	
Dependent on four claims		x	<u>4</u>	=	
Dependent on five claims		x	<u>5</u>	=	
Dependent on _____ claims		x	_____	=	
Dependent on _____ claims		x	_____	=	
Dependent on _____ claims		x	_____	=	

FEE CALCULATION

Total (A) = 4 - 3 = 1 x \$86.00 = \$ 86.00
Total (A) + (B) = 20 - 20 = 0 x \$18.00 = \$ -0-
Basic fee = \$ 770.00
Fee for filing multiple dependent claims (\$290.00) = \$ -0-
Total filing fee = \$ 856.00
Assignment recordal fee = \$ 40.00
Check enclosed for the total amount calculated = \$ 896.00

The Commissioner is hereby authorized to treat any concurrent or future reply, requiring a petition for an extension of time under 37 CFR 1.136 for its timely submission, as incorporating, a petition for extension of time for the appropriate length of time and to charge all additional fees, including fees under 37 CFR 1.17, which may be required, or credit any overpayment to Account No. 13-3375. A duplicate copy of this sheet is enclosed.



5. Name and address of party to whom correspondence concerning the assignment document(s) should be mailed:

Elizabeth A. Levy, Esq.
Bayer Healthcare LLC
P. O. Box 40
Elkhart, IN 46515-0040 USA

6. Total number of applications and patents involved: One (1)

7. Total Fee (\$40.00 per application or patent) \$40.00

Fee included in filing fee check enclosed with application.

Check enclosed.

Charge to Deposit Account No. 13-3375.

8. The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 13-3375. A duplicate copy of this sheet is enclosed.

9. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Total number of pages, including cover letter and attachments: Four (4)

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Elizabeth A. Levy".

Elizabeth A. Levy
Attorney for Applicants
Reg. No. 34,375
Telephone: 508/359-3876
Facsimile: 508/359-3885

Bayer Healthcare LLC
P. O. Box 40
Elkhart, IN 46515-0040 USA

Dec 17, 2003

Date

/jr
JLJ67403

Enclosures

ATTENTION MAIL ROOM:

If for any reason this application is found to be incomplete, please advise by collect telephone call to Area Code (574) 264-8394.

Kindly acknowledge receipt of this application by returning the stamped, self-addressed post card enclosed herewith.

Respectfully submitted,

BAYER HEALTHCARE LLC

Elizabeth A. Levy
Elizabeth A. Levy
Attorney for Applicants
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JLJ67303

Enclosures